NEWBORN SCREENING CARD REPLACEMENT FORM

CONTACT NAME TELEPHONE # NUMBER OF CARDS RETURNED FOR REPLACEMENT CARD I.D. NUMBERS ON THE CARDS RETURNED FIN 324 (4/98) ATHY:PA 14 OF 1987 REMOVE THE FILTER PAPER FROM THE CARDS BEFORE SENDING TO THE ADDRESS BELOW. CARDS SENT IN WITH BLOOD SAMPLES ATTACHED WILL BE TESTED AND NO CREDIT WILL BE ISSUED. MICHIGAN DEPARTMENT OF COMMUNITY HEALTH USE ONLY NUMBER OF CARDS REPLACED: REPLACEMENT CARD I.D. NUMBERS: FACILITY # SALES ORDER # ACCUSA APPROVAL	FACILITY NAME	
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ACCTG APPROVAL DATE	FACILITY #	SALES ORDER #
	ACCTG APPROVAL	DATE

PLEASE SEND CARDS TO BE REPLACED AND THIS FORM TO:

DEPARTMENT OF COMMUNITY HEALTH ATTN: NEWBORN SCREENING LEWIS CASS BLDG., 4TH FLOOR 320 S. WALNUT LANSING, MI 48913